



USF



October High School ID Clinic

Date: Sunday, October 2, 2011

Time: 10:00 am – 3:00 pm (9:30 am check in at USF Soccer Stadium)

Location: University of South Florida, Tampa

Cost: \$85.00

How to Register: Online @ www.usfsoccercamps.com

(MC, VISA, Disc, Amex or E-Check Payments accepted)

OR

Complete & mail the registration form below with a check payable to:

George Kiefer's Soccer Camps

CLINIC AGENDA

9:30 – 10AM	Check in/registration at the USF Soccer Stadium
10:00 AM	Warm up
10:15 AM	Session: Speed of Play – Adjusting to the College Game
12:00 AM	Lunch (Bring Your Own)
12:15 AM	NCAA Rules Seminar
1:00 PM	Warm up / Possession exercises
1:30 PM	Full field games
3:00 PM	Closing comments / distribute NCAA packets

NCAA ELIGIBILITY SEMINAR

Parents, Guardians, And / Or Coaches Are Welcome to Attend.

Seminar Topics:

Core Courses

Clearinghouse registration

GPA/ACT and SAT sliding scale



REGISTER NOW! - SPACE IS LIMITED!

Camper Name: _____ School: _____

Street address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Parent/Guardian(s) Names: _____

Grade: _____ Age: _____ DOB: _____ EMAIL (Required): _____

Club: _____ Position Please Circle: Field Player / Goalkeeper

I hereby authorize the directors of Success in Soccer, Inc. DBA George Kiefer's Soccer Camps to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors of the Success in Soccer, Inc. DBA George Kiefer's Soccer Camps from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this event. Registration fees are only partially refundable, if cancelled within 10 days of the start of this event. There is a \$25 non-refundable fee for any cancellation reason. Injuries incurred while at this event may result in a prorated refund. Dismissal due to disciplinary action will result in no refund. I acknowledge and accept the conditions above with my signature below.

Insurance Provider _____ Policy #: _____ Signature _____ Date _____

If you are unable to register online, please complete and mail this registration form to:

George Kiefer's USF Soccer Camps

1936 Bruce B. Downs Blvd. PMB 306, Wesley Chapel, FL 33544

Attn: George Kiefer / October HS ID Clinic

Please make Checks Payable to: George Kiefer's Soccer Camps

If you have any questions please contact our office at gkiefer.usfsoccercamps@gmail.com.